



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hetherington	J.	George	(808) 523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			(808) 523-6001
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			(808) 523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			(808) 523-6001
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
American Council of Life Insurers	(202) 624-2000	
MAILING ADDRESS (Street)	FAX	
101 Constitution Avenue, N.W., Suite 700	(202) 624-2319	
(City)	(State)	(Zip Code)
Washington	D.C.	20001-2133
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Joann Waiters		(202) 624-2177
MAILING ADDRESS (Street)		FAX
101 Constitution Avenue, N.W., Suite 700		(202) 572-4858
(City)	(State)	(Zip Code)
Washington	D.C.	20001-2313

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use ManagementOther (Indicate below)
Life Insurance
AnnuitiesEcology, Energy
Environmental Protection

Housing

Public Safety & Corrections

Health
Insurance**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

J. Bruce Ferguson

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Senior Vice President, State Relations

NAME OF ORGANIZATION (if applicable)

American Council of Life Insurers

TELEPHONE

(202) 624-2385

MAILING ADDRESS (Street)

101 Constitution Avenue, N.W., Suite 700

FAX

(202) 624-4755

(City)

(State)

(Zip Code)

Washington

D.C.

20001-2133

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

X

(Signature of Authorizing Officer or Person Represented)

(Date)

02.04.05